

PTO/SB/97 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**RECEIVED
CENTRAL FAX CENTER
OCT 19 2009**

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 19, 2009.

Date



Signature

Patricia A. Verlangieri

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Serial No.: 10/583,924

Docket No.: PF030185

Examiner: Christopher E. Leiby

RCE Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Amendment (10 Pages)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 810)

Complete if Known

Application Number	10/583,924
Filing Date	June 22, 2006
First Named Inventor	Philippe Le Roy
Examiner Name	Christopher E. Leiby
Art Unit	2829
Attorney Docket No.	PF030185

RECEIVED
CENTRAL FAX CENTER
OCT 9 2009

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																																																																																													
<input checked="" type="checkbox"/> Deposit Account:				<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> </tr> <tr> <td>1252</td> <td>430</td> <td>2252</td> <td>210</td> </tr> <tr> <td>1253</td> <td>980</td> <td>2253</td> <td>475</td> </tr> <tr> <td>1264</td> <td>1,630</td> <td>2254</td> <td>740</td> </tr> <tr> <td>1265</td> <td>2,080</td> <td>2255</td> <td>1,005</td> </tr> <tr> <td>1401</td> <td>340</td> <td>2401</td> <td>165</td> </tr> <tr> <td>1402</td> <td>340</td> <td>2402</td> <td>165</td> </tr> <tr> <td>1403</td> <td>300</td> <td>2403</td> <td>145</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> </tr> <tr> <td>1463</td> <td>1,370</td> <td>2453</td> <td>685</td> </tr> <tr> <td>1501</td> <td>1,370</td> <td>2501</td> <td>665</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> </tr> <tr> <td>1503</td> <td>660</td> <td>2503</td> <td>320</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1808</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>780</td> <td>2808</td> <td>385</td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>385</td> </tr> <tr> <td>1801</td> <td>780</td> <td>2801</td> <td>385</td> </tr> <tr> <td>1802</td> <td>800</td> <td>1802</td> <td>900</td> </tr> <tr> <td colspan="4">Fee Paid</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	430	2252	210	1253	980	2253	475	1264	1,630	2254	740	1265	2,080	2255	1,005	1401	340	2401	165	1402	340	2402	165	1403	300	2403	145	1451	1,510	1451	1,510	1452	110	2452	55	1463	1,370	2453	685	1501	1,370	2501	665	1502	480	2502	240	1503	660	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1808	180	8021	40	8021	40	1809	780	2808	385	1810	790	2810	385	1801	780	2801	385	1802	800	1802	900	Fee Paid			
Large Entity	Small Entity																																																																																																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																														
1051	130	2051	65																																																																																																																														
1052	50	2052	25																																																																																																																														
1053	130	1053	130																																																																																																																														
1812	2,520	1812	2,520																																																																																																																														
1804	920*	1804	920*																																																																																																																														
1805	1,840*	1805	1,840*																																																																																																																														
1251	110	2251	55																																																																																																																														
1252	430	2252	210																																																																																																																														
1253	980	2253	475																																																																																																																														
1264	1,630	2254	740																																																																																																																														
1265	2,080	2255	1,005																																																																																																																														
1401	340	2401	165																																																																																																																														
1402	340	2402	165																																																																																																																														
1403	300	2403	145																																																																																																																														
1451	1,510	1451	1,510																																																																																																																														
1452	110	2452	55																																																																																																																														
1463	1,370	2453	685																																																																																																																														
1501	1,370	2501	665																																																																																																																														
1502	480	2502	240																																																																																																																														
1503	660	2503	320																																																																																																																														
1460	130	1460	130																																																																																																																														
1807	50	1807	50																																																																																																																														
1806	180	1808	180																																																																																																																														
8021	40	8021	40																																																																																																																														
1809	780	2808	385																																																																																																																														
1810	790	2810	385																																																																																																																														
1801	780	2801	385																																																																																																																														
1802	800	1802	900																																																																																																																														
Fee Paid																																																																																																																																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments				Surgeon - late filing fee or oath Surgeon - late provisional filing fee or cover sheet																																																																																																																													
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				Non-English specification For filing a request for reexamination																																																																																																																													
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account				Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action																																																																																																																													
The Director is authorized to: (check all that apply)																																																																																																																																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																																																																																																																	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																																																																																																																	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																																																																																																	
FEE CALCULATION																																																																																																																																	
1. BASIC FILING FEE																																																																																																																																	
Large Entity	Small Entity																																																																																																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																																																																																																											
1001	780	2001	385	Utility filing fee																																																																																																																													
1002	350	2002	170	Design filing fee																																																																																																																													
1003	550	2003	285	Plant filing fee																																																																																																																													
1004	780	2004	385	Release filing fee																																																																																																																													
1005	160	2005	80	Provisional filing fee																																																																																																																													
SUBTOTAL (1)				(\$ 0)																																																																																																																													
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																																																																																																	
Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																													
		0		0																																																																																																																													
		0		0																																																																																																																													
				0																																																																																																																													
Large Entity	Small Entity																																																																																																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid																																																																																																																											
1202	18	2202	9	Claims in excess of 20																																																																																																																													
1201	88	2201	43	Independent claims in excess of 3																																																																																																																													
1203	300	2203	145	Multiple dependent claim, if not paid																																																																																																																													
1204	88	2204	43	** Reissue independent claims over original patent																																																																																																																													
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																													
SUBTOTAL (2)				(\$ 0)																																																																																																																													
Other fee (specify) _____																																																																																																																																	
*For number previously paid, if greater; For Reissues, see above						Reduced by Basic Filing Fee Paid																																																																																																																											
						SUBTOTAL (3) (\$ 810)																																																																																																																											

*For number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature	<i>Patricia A. Verlangieri</i>				Date October 18, 2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-767-9199) and select option 2.

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810)

Complete if Known

Application Number	10/583,924
Filing Date	June 22, 2006
First Named Inventor	Philippe Le Roy
Examiner Name	Christopher E. Leiby
Art Unit	2629

RECEIVED
CENTRAL FAX CENTER
OCT 19 2009

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit
Account
Number

07-0832

Deposit
Account
Name

THOMSON LICENSING INC., Customer No. 24400

The Director is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	550	2003	265	Plant filing fee	
1004	790	2004	385	Release filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	- = 0	X	= 0
Independent Claims	- = 0	X	= 0

Multiple Dependent

X	= 0
---	-----

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	43	Independent claims in excess of 3
1203	300	2203	145	Multiple dependent claim, if not paid
1204	88	2204	43	** Release independent claims over original patent
1205	18	2205	9	** Release claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*or number previously paid, if greater; For Releases, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	
1253	880	2253	475	Extension for reply within third month	
1254	1,530	2254	740	Extension for reply within fourth month	
1255	2,080	2255	1,005	Extension for reply within fifth month	
1401	340	2401	185	Notice of Appeal	
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	665	Petition to revive - unintentional	
1501	1,370	2501	665	Utility issue fee (or release)	
1502	480	2502	240	Design issue fee	
1503	660	2603	320	Plant issue fee	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	780	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	780	2801	385	Request for Continued Examination (RCE)	810
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 810)

SUBMITTED BY

Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature	<i>Patricia A. Verlangieri</i>		Date	October 19, 2009	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.